

Test Request Form
[Disaster prevention]



Nissenken Quality Evaluation Center

* I agree to the terms and conditions and request the following test and report.

Reception date					
Requester	Company Name		Person in charge		
	Address		TEL		
	Department		E-mail		
			Number of the report copies	Japanese	
				English	
				Chinese	
				JNLA	

If the name of report or billing address is different from the requester's, please fill in the required information below.

Test report information	Company Name		Person in charge	
	Department		TEL	
	Address	〒	E-mail	
Invoice information	Company Name		Person in charge	
	Department		TEL	
	Address	〒	E-mail	

sample discription		c/# (color number)		Qty.	
Form of Report Issuance	<input type="checkbox"/> By type	<input type="checkbox"/> All together	Return samples after	<input type="checkbox"/> Yes <input type="checkbox"/> No	Destruction of the specimen <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable
Test purpose	<input type="checkbox"/> Confirmation of Harmonization with Standards		<input type="checkbox"/> Performance Verification/ Performance Evaluation		<input type="checkbox"/> Other ()

Test items • Test standard	Qty.	Other details

Remarks column	

Reception Date

Request form No.

Receptionist

Year month day

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Our center responsibly and properly manages the information obtained from this request.